

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G811		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/09/2016	
NAME OF PROVIDER OR SUPPLIER RES-CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1306 S BLOOMINGTON STREET GREENCASTLE, IN 46135			
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 1, 2, 3 and 9, 2016.</p> <p>Facility Number: 013405 Provider Number: 15G811 AIM Number: 201267570</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-5. Quality Review of this report completed by #15068 on 8/17/16.</p>		W 0000				
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 8 clients in the sample (#4), the facility failed to ensure client #4 had a guardian based on his assessed needs.</p> <p>Findings include:</p>		W 0125	<p>The facility ensures the rights of all clients by allowing and encouraging individuals to exercise their rights as clients of the facility. Client #4, per assessment and comprehensive functional assessment, is unable to make informed consent or make decisions on his own.</p>		09/08/2016	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>On 8/3/16 at 10:10 AM, a review of client #4's record was conducted. Client #4's undated Comprehensive Functional Assessment indicated in the Informed Consent Assessment section, in part, "Medical: Routine care, dental and medical... Type of supervision required: guardian... Medical: Elective procedures and surgery... Type of supervision required: guardian... Medical: Non-elective procedures and surgery... Type of supervision required: guardian... Programming: Habilitation skill training as written in ISP (Individual Support Plan)... Type of supervision required: guardian... Programming: Behavior management as written in behavior support plan... Type of supervision required: guardian... Financial: Individual knows where he/she gets his/her money and how much they have to spend... Type of supervision required: guardian... Financial: Individual can use his/her money... Type of supervision required: guardian. Financial: Individual knows who is taking care of his/her money... Type of supervision required: guardian...."</p> <p>A 9/10/15 letter from client #4's psychiatrist indicated, in part, "[Client #4] is a [age] single male who has been in supervised residential settings for a</p>				<p>Client #4 has a biological mother who will contest a paid guardianship from any individual other than herself. The Program Manager will contact paid guardian services as well as Adult Protective Services to assist with locating a guardian for client #4. The program manager will email all known agencies which provide paid guardianship services for individuals in the State of Indiana. In addition the Program Manager will contact Adult Protective Services to continue to seek out a guardianship for client #4. Contact will be made at least monthly, and verified via email until a guardianship can be established. Person Responsible: Program Manager Completion Date: POC date is 9/8/2016 however it is likely that the process of obtaining a guardian will extend past the 9.8.2016 deadline.</p>		

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	<p>number of years. We are currently seeking guardianship for this individual as he is unable to make sound, informed decisions about his health, finances, or other personal matters and needs someone to make these types of decisions for him...."</p> <p>A 9/10/15 email in client #4's record from the Program Manager (PM) to Adult Protective Services (APS) indicated, in part, "...Here is the letter we spoke about from [name of client #4's psychiatrist] stating that [client #4] needs a guardian."</p> <p>A 9/22/15 email in client #4's record from the PM to APS indicated, in part, "We spoke on Friday, September 4, 2015 about getting an appropriate guardian for [client #4]. Previously, I had spoken with 2 professional guardians about [client #4's] situation and they were not comfortable applying for his guardianship because his mother, who would not be an appropriate guardian, would contest it. I sent you a copy of the letter from [client #4's] psychiatrist who stated that [client #4] is 'unable to make sound, informed decisions, about health, finances or other personal matters.' What is the next step we need to take to apply for a guardian for [client #4]? How can APS help with this process?"</p>						

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	<p>A 9/22/15 email from APS to the PM indicated, in part, "I received the letter and now we just have to find a professional guardian that will take [client #4] then I do the paperwork for the guardianship and APS attorney will complete the guardianship with a hearing date etc. Who have you already talked to about the guardianship that declined? Can you also email the mother's name and address, phone number etc. and do you know of any other family members?" The PM responded to the questions on 9/22/15. There was no additional information in client #4's record regarding obtaining guardianship for client #4.</p> <p>On 8/3/16 at 12:24 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated there were attempts in the past to obtain a guardian for client #4 but not since he had been the QIDP for the past 9 months. The QIDP indicated he was not sure what the issues were in obtaining a guardian. The QIDP indicated he had not taken steps to obtain a guardian for client #4. The QIDP stated "if he (client #4) were to leave here he needs a guardian."</p> <p>On 8/3/16 at 2:35 PM, the Behavior Clinician (BC) indicated she was not sure</p>						

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	<p>if the facility was attempting to obtain a guardian for client #4. The BC indicated client #4 needed a guardian. The BC indicated she was told client #4's mother did not want client #4 to have a guardian.</p> <p>On 8/3/16 at 3:16 PM, the Program Manager (PM) indicated client #4 did not have a guardian. The PM indicated client #4 needed a guardian. The PM indicated client #4's mother was not a competent guardian. The PM indicated client #4's mother would contest anyone attempting to become client #4's guardian. The PM indicated he contacted APS for assistance. The PM indicated no professional guardian would take the case. The PM indicated APS did not respond to his request for assistance. The PM indicated the Bureau of Developmental Disabilities Services Ombudsman was notified but had not assisted with getting client #4 a guardian. The PM indicated the facility contacted two professional guardians but neither would apply for his guardianship since there was potential for client #4's mother to contest the application for guardianship. The PM indicated there had been no additional attempts to secure a guardian for client #4 since September 2015.</p> <p>5-1.2(b)</p>						

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W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for 3 of 95 allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to conduct a thorough investigation in regard to the clients' injuries of unknown source and/or staff to client allegation of abuse for clients #3 and #10.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, the facility's internal Incident Reports (IRs) and/or investigations were reviewed on 8/1/16 at 4:23 PM. The facility's 1/3/16 reportable incident report indicated "On January 3, 2016 at 8:44 PM, [client #10] had been instigating peers. Staff had attempted to verbally prompt [client #10] to leave the area as per the guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan). [Client #10] refused to leave the area and continued to be verbally aggressive with his peers, which created an unsafe environment for [client #10] and his peers. At 9:14 PM, trained staff used YSIS (You're Safe, I'm</p>		W 0154	<p>The facility investigates all alleged violations. The facility will conduct thorough investigations in regard to incidents of client to client aggression/abuse, staff to client abuse, and /or injuries of unknown origin involving the use of restraints for all clients. The facility will follow all regulatory and agency policies regarding requirements for investigations and recommendations thereof. Administrative staff will be retrained on policy and procedure as it pertains to investigation requirements. This will include, but is not specific only to, ensuring that all clients and staff are interviewed regarding any incident, who may have information to add to such investigation. Text notifications of incidents are made at the time of the incident, or immediately after, by the floor supervisor on that shift. Notifications are made to Quality Assurance, Behavior Management, Nurse Manager, Program Manager, QIDP and Executive Director. In the event of an incident involving client to client aggression, the Residential Manager working on the floor during that shift will be responsible for facilitating the</p>		09/08/2016	

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	<p>Safe-physical restraint technique) escort techniques to assist [client #10] safely to his room. [Client #10] became physically aggressive to staff; kicking and hitting. At 9:15 PM, staff transition (sic) [client #10] to the supine position as he continued to be combative with staff. Staff attempted to assist [client #10] in using coping skills to calm down but he was unable to settle down...." The reportable incident report indicated client #10 was assessed for a PRN (as needed) medication as the client continued to be upset and aggressive toward staff. The reportable incident report indicated the client started to calm down, and when released from the restraint "...[Client #10] became combative with staff and was transitioned to the supine position for his own safety. [Client #10] was assessed by nursing and no injuries were reported...On January 4, 2016, [client #10] made allegations that staff member, [staff #27] DSP (Direct Support Professional) had put his knee on [client #10's] arm and placed a towel over his face during the YSIS. An investigation was initiated immediately...."</p> <p>The facility's 6/1/16 (sic) follow-up report to the 1/3/16 reportable incident report indicated the facility's investigation of the allegations was "unsubstantiated." The follow-up report</p>		<p>consumer to consumer aggression investigation packet. This packet contains the ResCare incident report, the injury/illness report complete by nursing, employee statements, client questionnaires, grievance process offered. This packet will be completed and scanned to members of the administration team prior to the end of that shift. The QIDP is responsible for reviewing all components of the consumer to consumer aggression investigation packet. The QIDP will conduct an IDT for any consumer involved in the incident to determine plan of action and strategies in order to attempt to prevent future incidents. Quality Assurance will conduct an investigation based upon the the facts of the issue. The administrative team will conduct a peer review meeting at least one time per week to review all incidents, investigations and IDT's, including any client to client aggression. The administrative team will review to ensure that all components of the investigation have been met, and to determine any follow up, if needed. Peer reviews will include recommendations, signatures of those attending and the date of review. In the event of an incident requiring Your Safe, I'm Safe, the Residential Manager working on the floor during that shift will be responsible for facilitating the Your Safe, I'm Safe investigation</p>				

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	<p>to the 1/3/16 reportable incident report indicated no towel was placed over client #10's face.</p> <p>The facility's 1/3/16 IR indicated a 2 person escort and 2 different YSIS restraints had been used with client #10 during the 1/3/16 behavioral incident. The 1/3/16 IR for the restraint at 8:44 PM indicated client #10's "arms slightly red from proper YSIS techniques." The facility's 1/3/16 IR for the 9:55 PM restraint indicated client #10's "Knuckles on (L) (left) hand slightly red (with) superficial scrapes 0 (zero) bleeding or swelling noted."</p> <p>The facility's 1/5/16 Investigative Summary indicated an investigation was initiated "To determine if proper techniques were used during the YSIS on [client #10] on January 3, 2015 (sic)...." The facility's investigation indicated "...Staff appropriately intervened on January 3, 2015 (sic), utilizing YSIS techniques to assist [client #10], for his safety and the safety of others to his room. He continued to be physically aggressive and staff utilized YSIS techniques appropriately to keep him safe. [Client #10] recanted his statements that he had been restrained improperly and that a towel was held over his face. Conclusion: The allegations are</p>		<p>packet. This packet contains the ResCare incident report, the injury/illness report complete by nursing, and the You're Safe, I'm Safe Health Status Investigation Form. This packet will be completed and scanned to members of the administration team prior to the end of that shift. The QIDP is responsible for reviewing all components of the You're Safe, I'm Safe investigation packet. The QIDP will conduct an IDT for any consumer involved in the incident to determine plan of action and strategies in order to attempt to prevent future incidents. Quality Assurance will conduct an investigation based upon the facts of the issue, including any findings related to injuries that may possibly be related to a You're Safe, I'm Safe restraint or hold. The administrative team will conduct a peer review meeting at least one time per week to review all incidents, investigations and IDT's, including any episode of using You're Safe, I'm Safe. The administrative team will review to ensure that all components of the investigation have been met, and to determine any follow up, if needed. Peer reviews will include recommendations, signatures of those attending and the date of review. ** Any and all allegations of abuse, neglect or exploitation will be made immediately, by phone call to the Program Manager, or the Executive</p>				

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	<p>unsubstantiated. The YSIS technique was implemented correctly and at no time was a towel held over [client #10's] face." An attached 1/4/16 Interdisciplinary Team (IDT) meeting note indicated client #10's IDT reviewed the 1/3/16 behavioral incident but did not indicate how client #10 received the injuries to his left hand, and/or put any additional safeguards in place to prevent the client from being injured when restrained.</p> <p>Interview with administrative staff #2 on 8/3/16 at 1:47 PM indicated the facility's investigation determined staff #27 did not abuse client #10. Administrative staff #2 indicated the facility's 1/5/16 investigation did not indicate how client #10 received the injury to his hand.</p> <p>2. The facility's reportable incident reports, the facility's internal Incident Reports IRs and/or investigations were reviewed on 8/1/16 at 4:23 PM. The facility's 1/14/16 reportable incident report indicated "On January 13, 2016 at 6:43 PM, [client #10] was upset over a phone call. Staff attempted to verbally redirect [client #10] without success. As per [client #10's] ISP and BSP he was prompted by staff to go to his room to calm down. [Client #10] refused assistance from staff and continued to be verbally aggressive in the day room.</p>		<p>Director. Text notifications are not acceptable for reporting abuse, neglect or exploitation, and immediate corrective measures and investigations relating to such allegations will begin immediately. Persons Responsible: Quality Assurance Manager, Program Manager, QIDP's, Nurse Manager. Date of Completion: 09/08/2016</p>				

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	<p>Staff again attempted to verbally redirect [client #10] and he became physically aggressive with staff. At 6:47 PM, trained staff used guardian and HRC approved YSIS techniques to escort [client #10] to his room and [client #10] dropped his weight to the floor. Staff then used YSIS techniques to place [client #10] in a supine (sic) position for his safety as he continued to be combative; hitting, scratching, spitting on and kicking staff. With staff assistance, [client #10] was able to process out of the restraint at 7:03 PM. He was assessed by nursing and it was noted that he had a small .5 cm (centimeter) scratch on the left side of his nose. No other injuries were reported...."</p> <p>An attached 1/14/16 IDT note indicated client #10's IDT reviewed the behavioral incident. Client #10's 1/14/16 IDT note and/or the facility's 1/14/16 reportable incident report indicated the facility did not investigate the client's injury of unknown source to determine how the client received the injury, and/or if it was injury from the use of the YSIS supine restraint.</p> <p>Interview with administrative staff #2 on 8/3/16 at 1:47 PM indicated the 1/14/16 reportable incident report and/or client #10's 1/14/16 IDT note did not indicate</p>						

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	<p>how the client received the injury to his nose. Administrative staff #2 indicated she was not sure if it was from the restraint and/or from client #10 scratching himself. Administrative staff #2 did not provide any additional evidence of an investigation for client #10's 1/14/16 injury of unknown source.</p> <p>3. The facility's reportable incident reports, the facility's IRs and/or investigations were reviewed on 8/1/16 at 4:23 PM. The facility's 1/14/16 reportable incident report indicated "On January 13, 2015 (sic) [client #3] reported that staff member [staff #27] makes him stay in bed when he does not want to and that he will not allow him to go to the library to watch videos when he asks. [Client #3] further reports that [staff #27] is always mean to him. An investigation is initiated and [staff #27], DSP, has been suspended pending investigation."</p> <p>The facility's 1/14/16 Investigative Summary indicated 2 residential managers, 1 DSP and client #3 were the only interviews the facility conducted in regard to the allegation of verbal abuse. The facility's 1/14/16 investigation indicated "...There is no indication that [staff #27] has ever made [client #3] stay in his bed or that he has ever been 'mean'</p>						

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	<p>to [client #3]. During the course of the investigation [client #3] was inconsistent in his allegations. [Client #3] admits that he is mad at [staff #27] because [staff #27] would not allow him to watch a Utube (You Tube) video in the library. When questioned regarding the truthfulness of his report and the allegations he has made, [client #3] began to giggle and asked if he could get on the computer and watch 'name of video/movie.' Conclusion: The allegations against [staff #27] are unsubstantiated. There is no indication that [staff #27] has been inappropriate with [client #3]." The facility's investigation indicated the facility failed to interview other clients and/or staff in regard to how staff #27 treated clients as staff #27 had 3 allegations of verbal and/or physical abuse made against staff #27 in January 2016.</p> <p>AS (Administrative Staff) #2 was interviewed on 8/1/16 at 2:40 PM. AS #2 indicated indicated all allegations of abuse, neglect, mistreatment and exploitation should be thoroughly investigated.</p> <p>Interview with administrative staff #2 on 8/3/16 at 1:47 PM indicated no other staff and/or clients were interviewed in regard to the incident and/or how staff #27</p>						

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W 0268 Bldg. 00	<p>treated the clients. Administrative staff #2 stated "No one else would have seen." Administrative staff #2 indicated staff #27 was no longer working at the facility due to an incident which occurred in January 2016.</p> <p>5-1.2(o)(4)(A)(E)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review and interview for 1 of 8 sampled clients (#8), the facility failed to ensure client #8's dignity was promoted with regard to excessive salivation.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 8/1/16 from 3:45 PM through 6:12 PM and on 8/2/16 from 7:00 AM through 8:30 AM. Client #8 was observed in the facility's Recreation Room, Residence Hall and Library throughout the observation periods. Client #8 had excess saliva coming out of his mouth. Client #8 was not prompted to wipe his mouth.</p>		W 0268	<p>The facility implements policies and procedures that promote the growth, development and independence of each client. Through program planning and daily observation of each client, the QIDP will be responsible for assessing current and ongoing needs of each client. Progress and programming needs will be addressed in the Comprehensive Functional Assessment and the Individual Support Plan. The QIDP will conduct a monthly review of all support plan and active treatment data, and will revise the ISP as needed. This should also include goal training related to all aspects of living, including dignity and respect issues. Client #8 now has a goal added to his Individual Support Plan to assist and teach him to wipe his mouth, in the event that he should begin to</p>		09/08/2016	

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W 0285 Bldg. 00	LPN (Licensed Practical Nurse) #1 and AS (Administrative Staff) #1 were interviewed on 8/3/16 at 9:30 AM. LPN #1 indicated client #8 was on medication to address his excessive salivation. AS #1 indicated staff should prompt client #8 to wipe his mouth when he had excess saliva. 5-1.2(d)			excessively salivate. All staff have been in-serviced on this new goal and how to implement it effectively. Progress for all clients will be assessed by the QIDP at least monthly, and documented on the monthly review. In addition all needs will be addressed at each quarterly meeting, with the client and his team, including that clients family and guardians. Monthly reports will be submitted for review to the Program Manager monthly. Persons responsible: QIDP, Program Manager date of completion: 09/08/2016			
	483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. Based on interview and record review for 1 additional client (#10), the facility failed to thoroughly investigate injuries of unknown source after the client was restrained by facility staff. The facility failed to ensure the client's interdisciplinary team (IDT) reviewed the client's injuries when the IDT reviewed the client's behavioral incidents, to ensure sufficient safeguards were in place. Findings include:		W 0285	Interventions to manage inappropriate client behavior are employed with sufficient safeguards to ensure that the safety, welfare and civil and human rights are protected. The facility will conduct thorough investigations in regard to incidents of client to client aggression/abuse, staff to client abuse, and /or injuries of unknown origin involving the use of restraints for all clients. The facility will follow all regulatory and agency policies regarding requirements for investigations		09/08/2016	

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	<p>1. The facility's reportable incident reports, the facility's internal Incident Reports (IRs) and/or investigations were reviewed on 8/1/16 at 4:23 PM. The facility's 1/3/16 reportable incident report indicated "On January 3, 2016 at 8:44 PM, [client #10] had been instigating peers. Staff had attempted to verbally prompt [client #10] to leave the area as per the guardian and HRC (Human Rights Committee) approved BSP (Behavior Support Plan). [Client #10] refused to leave the area and continued to be verbally aggressive with his peers, which created an unsafe environment for [client #10] and his peers. At 9:14 PM, trained staff used YSIS (You're Safe, I'm Safe-physical restraint technique) escort techniques to assist [client #10] safely to his room. [Client #10] became physically aggressive to staff; kicking and hitting. At 9:15 PM, staff transition (sic) [client #10] to the supine position as he continued to be combative with staff. Staff attempted to assist [client #10] in using coping skills to calm down but he was unable to settle down...." The reportable incident report indicated client #10 was assessed for a PRN (as needed) medication as the client continued to be upset and aggressive toward staff. The reportable incident report indicated the client started to calm down, and when released from the restraint "...[Client #10]</p>				<p>and recommendations thereof. Administrative staff will be retrained on policy and procedure as it pertains to investigation requirements. This will include, but is not specific only to, ensuring that all clients and staff are interviewed regarding any incident, who may have information to add to such investigation. Text notifications of incidents are made at the time of the incident, or immediately after, by the floor supervisor on that shift. Notifications are made to Quality Assurance, Behavior Management, Nurse Manager, Program Manager, QIDP and Executive Director. In the event of an incident involving client to client aggression, the Residential Manager working on the floor during that shift will be responsible for facilitating the consumer to consumer aggression investigation packet. This packet contains the ResCare incident report, the injury/illness report complete by nursing, employee statements, client questionnaires, grievance process offered. This packet will be completed and scanned to members of the administration team prior to the end of that shift. The QIDP is responsible for reviewing all components of the consumer to consumer aggression investigation packet. The QIDP will conduct an IDT for any consumer involved in the incident to determine plan of</p>		

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	<p>became combative with staff and was transitioned to the supine position for his own safety. [Client #10] was assessed by nursing and no injuries were reported...On January 4, 2016, [client #10] made allegations that staff member, [staff #27] DSP (Direct Support Professional) had put his knee on [client #10's] arm and placed a towel over his face during the YSIS. An investigation was initiated immediately...."</p> <p>The facility's 6/1/16 (sic) follow-up report to the 1/3/16 reportable incident report indicated the facility's investigation of the allegations was "unsubstantiated." The follow-up report to the 1/3/16 reportable incident report indicated no towel was placed over client #10's face.</p> <p>The facility's 1/3/16 IR indicated a 2 person escort and 2 different YSIS restraints had been used with client #10 during the 1/3/16 behavioral incident. The 1/3/16 IR for the restraint at 8:44 PM indicated client #10's "arms slightly red from proper YSIS techniques." The facility's 1/3/16 IR for the 9:55 PM restraint indicated client #10's "Knuckles on (L) (left) hand slightly red (with) superficial scrapes 0 (zero) bleeding or swelling noted."</p>				<p>action and strategies in order to attempt to prevent future incidents. Quality Assurance will conduct an investigation based upon the the facts of the issue. The administrative team will conduct a peer review meeting at least one time per week to review all incidents, investigations and IDT's, including any client to client aggression. The administrative team will review to ensure that all components of the investigation have been met, and to determine any follow up, if needed. Peer reviews will include recommendations, signatures of those attending and the date of review. In the event of an incident requiring Your Safe, I'm Safe, the Residential Manager working on the floor during that shift will be responsible for facilitating the Your Safe, I'm Safe investigation packet. This packet contains the ResCare incident report, the injury/illness report complete by nursing, and the You're Safe, I'm Safe Health Status Investigation Form. This packet will be completed and scanned to members of the administration team prior to the end of that shift. The QIDP is responsible for reviewing all components of the You're Safe, I'm Safe investigation packet. The QIDP will conduct an IDT for any consumer involved in the incident to determine plan of action and strategies in order to attempt to prevent future incidents. Quality</p>		

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	<p>The facility's 1/5/16 Investigative Summary indicated an investigation was initiated "To determine if proper techniques were used during the YSIS on [client #10] on January 3, 2015 (sic)...." The facility's investigation indicated "...Staff appropriately intervened on January 3, 2015 (sic), utilizing YSIS techniques to assist [client #10], for his safety and the safety of others to his room. He continued to be physically aggressive and staff utilized YSIS techniques appropriately to keep him safe. [Client #10] recanted his statements that he had been restrained improperly and that a towel was held over his face. Conclusion: The allegations are unsubstantiated. The YSIS technique was implemented correctly and at no time was a towel held over [client #10's] face." An attached 1/4/16 Interdisciplinary Team (IDT) meeting note indicated client #10's IDT reviewed the 1/3/16 behavioral incident but did not indicate how client #10 received the injuries to his left hand, and/or put any additional safeguards in place to prevent the client from being injured when restrained.</p> <p>Interview with administrative staff #2 on 8/3/16 at 1:47 PM indicated the facility's investigation determined staff #27 did not abuse client #10. Administrative staff #2 indicated the facility's 1/5/16</p>				<p>Assurance will conduct an investigation based upon the facts of the issue, including any findings related to injuries that may possibly be related to a You're Safe, I'm Safe restraint or hold. The administrative team will conduct a peer review meeting at least one time per week to review all incidents, investigations and IDT's, including any episode of using You're Safe, I'm Safe. The administrative team will review to ensure that all components of the investigation have been met, and to determine any follow up, if needed. Peer reviews will include recommendations, signatures of those attending and the date of review. ** Any and all allegations of abuse, neglect or exploitation will be made immediately, by phone call to the Program Manager, or the Executive Director. Text notifications are not acceptable for reporting abuse, neglect or exploitation, and immediate corrective measures and investigations relating to such allegations will begin immediately Persons Responsible: Quality Assurance Manager, Program Manager, QIDP's, Nurse Manager Date of Completion: 09/08/2016</p>		

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	<p>investigation did not indicate how client #10 received the injury to his hand.</p> <p>2. The facility's reportable incident reports, the facility's internal Incident Reports (IRs) and/or investigations were reviewed on 8/1/16 at 4:23 PM. The facility's 1/14/16 reportable incident report indicated "On January 13, 2016 at 6:43 PM, [client #10] was upset over a phone call. Staff attempted to verbally redirect [client #10] without success. As per [client #10's] ISP and BSP he was prompted by staff to go to his room to calm down. [Client #10] refused assistance from staff and continued to be verbally aggressive in the day room. Staff again attempted to verbally redirect [client #10] and he became physically aggressive with staff. At 6:47 PM, trained staff used guardian and HRC approved YSIS techniques to escort [client #10] to his room and [client #10] dropped his weight to the floor. Staff then used YSIS techniques to place [client #10] in a supine (sic) position for his safety as he continued to be combative; hitting, scratching, spitting on and kicking staff. With staff assistance, [client #10] was able to process out of the restraint at 7:03 PM. He was assessed by nursing and it was noted that he had a small .5 cm (centimeter) scratch on the left side of his nose. No other injuries</p>						

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W 0312 Bldg. 00	<p>were reported...."</p> <p>An attached 1/14/16 IDT note indicated client #10's IDT reviewed the behavioral incident. Client #10's 1/14/16 IDT note and/or the facility's 1/14/16 reportable incident report indicated the facility did not investigate the client's injury of unknown source to determine how the client received the injury, and/or if it was injury from the use of the YSIS supine restraint.</p> <p>Interview with administrative staff #2 on 8/3/16 at 1:47 PM indicated the 1/14/16 reportable incident report and/or client #10's 1/14/16 IDT note did not indicate how the client received the injury to his nose. Administrative staff #2 indicated she was not sure if it was from the restraint and/or from client #10 scratching himself. Administrative staff #2 did not provide any additional evidence of an investigation for client #10's 1/14/16 injury of unknown source.</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p>		W 0312	Drugs used to control		09/08/2016	

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	<p>Based on record review and interview for 8 of 8 clients in the sample (#1, #2, #3, #4, #5, #6, #7 and #8), the facility failed to ensure the clients' psychotropic medication reduction plans were attainable.</p> <p>Findings include:</p> <p>1) On 8/3/16 at 11:28 AM, a review of client #3's record was conducted. Client #3's 7/7/16 Behavior Support Plan (BSP) indicated he took psychotropic medications. Client #3 was prescribed Fluoxetine for oppositional defiant disorder (ODD), Intuniv for attention deficit hyperactivity disorder (ADHD), Lithium for ODD, Trazodone for insomnia, Haldol for ODD, Benztropine for extrapyramidal symptoms (EPS), and Zyprexa for intermittent explosive disorder (IED). Client #3's BSP indicated his targeted behaviors included the following:</p> <p>"-Verbal Aggression: Yelling, making threatening comments or statements at staff or peers. [Client #3] will sometimes cuss repeatedly for no obvious reason in an effort to gain a reaction or response from staff/peers. Goal: He will have 2 or fewer incidents per month for 3 consecutive months by 10/16.</p>				<p>inappropriate behavior are only used as an integral part of the client's individual plan that is directed specifically towards the reduction and eventual elimination for which the drugs are employed. The Behavior Clinician will revise all baseline behavioral criteria, from the original reduction criteria of 80%, to a new reduction criteria of 20%. Behavior rates and behavioral criteria will be reviewed at each quarterly meeting. At each quarterly meeting, behavioral data will be reviewed, and a new 20% reduction in the behavioral criteria will be set, based on actual data from the previous quarter. This will become the new baseline criteria, to be used for purposes of possible medication reduction where possible. This will be documented on the quarterly review. In addition, new behavioral criteria will be reviewed with the Psychiatrist quarterly to determine efficacy of current medications.</p> <p>Recommendations will be documented on the psych medication review form. Persons Responsible: Behavior Clinician, Nurse Manager Correction Date: 09/08/2016</p>		

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	<p>-Physical Aggression: Punching, hitting, pushing, pulling hair, shoving, spitting, biting, throwing objects at someone, kicking, or any other action that can result in injury to another person. Goal: He will have 2 or fewer incidents per month for 3 consecutive months by 10/16.</p> <p>-Stealing: Taking items, usually food, from a client or staff without permission. [Client #3] will steal and eat food that is not his and this will alter his blood sugar. He has hidden objects or food in his pockets on occasion. Goal: He will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Self-Injurious Behavior (SIB): Eating inedible objects such as paper or screws, placing small objects such as paper or screws in a bodily orifice such as his ear or anus, cutting himself, scratching himself, causing open wounds, hitting self, banging his head, biting himself, or any other behavior intended to cause harm to his own body. When he engages in self harm, these incidents can be severe, especially placing objects into his ear/anus, etc. Goal: He will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Suicide Threats/Suicidal Gestures:</p>						

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	<p>Making threats to kill or hurt himself, or engaging in behaviors that, if not stopped, could cause him to end his life including attempting to wrap items around his neck, etc. Goal: He will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Faking Diabetic or Medical Attacks: Pretending to pass out due to lack of food or seizures with the eventual realization that he has no current health issue. General criteria for a fake attack:</p> <ol style="list-style-type: none"> 1) Nurse determines that glucose and blood levels/other levels are normal 2) The 'attack' occurs shortly after he has been denied a request <p>Goal: He will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Non-Compliance with Programming defined as: any time he is not engaging in programmatic requests (also includes non-compliance with groups, programming, prescribed diet, etc) even after 3 verbal prompts are given spaced out 15 minutes apart. Can include non-compliance with medications/appointments. This does not include non-compliance with insulin. (see below)</p>						

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	<p>Goal: He will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Non-Compliance with Insulin Injections defined as any time that he is refusing to take his necessary insulin injections for control of his diabetes. Non-Compliance with insulin injections occurs when [client #3] has been prompted 3 times, one minute apart, and still refuses his insulin. Goal: He will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Non-Compliance that is making [client #3] or the environment unsafe: defined as any act of non-compliance that puts or has the potential to put [client #3] in an unsafe situation. Specifically, if staff verbally redirect [client #3] out of an area/situation that has become unsafe or that has the potential to put [client #3] in an unsafe situation and [client #3] refuses to comply for his own health and safety. Goal: He will have 0 incidents per month for 3 consecutive months by 10/16."</p> <p>The plan to reduce Fluoxetine indicated, "When the goal for physical aggression/ property destruction/self harm has been met, the IDT (interdisciplinary team) will meet to discuss a reduction in medication."</p>						

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	<p>The plan to reduce Intuniv indicated, "When the goal for physical aggression & (and) property destruction has been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Lithium indicated, "When the goal for physical aggression/self injury & property destruction has been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Trazodone indicated, "When the goal for target behaviors have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Haldol indicated, "When the goal for physical aggression & property destruction has been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Benztropine indicated, "When the goal for target behaviors has been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Zyprexa indicated, "When the goals for physical/verbal aggression/self injury have been met, the IDT will meet to discuss a reduction in</p>						

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	<p>this medication."</p> <p>2) On 8/3/16 at 10:10 AM, a review of client #4's record was conducted. Client #4's 7/27/16 BSP indicated he took psychotropic medications. Client #4 was prescribed Zoloft, Zyprexa and Haldol for schizoaffective disorder and Benzotropine for EPS. Client #4's BSP indicated his targeted behaviors included the following:</p> <p>"-Physical Aggression defined as: any occurrence of hitting others with open or closed hand, kicking, grabbing, pushing, biting, using objects as weapons against others, throwing items at others, head butting, or other contact attempts to hurt another individual. Goal: [client #4] will have 1 or fewer incidents of this target behavior per month for 3 consecutive months by 10/16.</p> <p>-Verbal Aggression defined as: calling someone else an offensive name, making threatening statements toward others, yelling, raising his voice, or cursing at another person. Goal: [client #4] will have 0 incidents of this target behavior per month for 3 consecutive months by 10/16.</p> <p>-Non-Compliance with Programming defined as: any time he is not engaging in</p>						

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	<p>programmatic requests (also includes non-compliance with life skill groups, programming, prescribed diet, etc) even after 3 verbal prompts are given spaced out 15 minutes apart. Goal: [client #4] will have 0 incidents of this target behavior per month for 3 consecutive months by 10/16.</p> <p>-Self-Injurious Behaviors/Suicidal Gestures: defined as any time he voices to staff that he is thinking about engaging in any behavior that is intended to harm/hurt himself or end his life or gestures that, if not stopped, could end his life. Includes any statements about not wanting to live anymore, or any time he is hitting his head or other body part against any hard surface, biting himself, slapping himself, cutting self or scratching himself intentionally or other behaviors that have the potential to leave a reddened mark or leave an injury to himself. See below for target behavior of 'Head Knocking' which is different from self harm. Goal: [client #4] will have 0 or fewer incidents of this target behavior per month for 3 consecutive months by 10/16.</p> <p>-Bolting is defined as [client #4] leaving or attempting to leave his designated area without staff supervision or attempts to leave the designated area without staff</p>						

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	<p>supervision while out in the community. Goal: [client #4] will have 0 occurrences of bolting per month for 3 consecutive months by 10/16.</p> <p>-Intimidation defined as any time that [client #4] puts his hand/arm over his head as if he is going to strike someone but does not actually strike. Can include picking up an object and holding it as if he were going to throw/use it to harm another person but not actually attempting to do so. Goal: [client #4] will have 1 or fewer occurrences of bolting per month for 3 consecutive months by 10/16.</p> <p>-Head Knocking: defined as any time he is lightly (force not being applied that could cause injury or harm) engaging in a 'knocking' motion on his head/forehead usually done with his fist/knuckles, or palm. He will sometimes engage in this behavior to gain staff attention when he is feeling anxious due to another behavior in the area or a negative encounter in his environment. Goal: [client #4] will have 0 occurrences of bolting per month for 3 consecutive months by 10/16."</p> <p>The plan to reduce Zoloft indicated, "When the goal for physical/verbal aggression has been met, the IDT will meet to discuss a reduction in this</p>						

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	<p>medication."</p> <p>The plan to reduce Zyprexa indicated, "When the goal for physical/verbal aggression has been met, the IDT will meet to discuss a reduction in this medication."</p> <p>The plan to reduce Haldol indicated, "When the goal for physical aggression & verbal aggression have been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Benztropine indicated, "When the goal for target behaviors has been met, the IDT will meet to discuss a reduction in the medication."</p> <p>3) On 8/3/16 at 10:55 AM, a review of client #5's record was conducted. Client #5's 7/22/16 BSP indicated he took psychotropic medications. Client #5 was prescribed Clozaril and Zyprexa Zydis (as needed) for psychosis, Depakote, Haldol and Prozac for agitation, Cogentin for side effects related to the use of Haldol, and DepoProvera for aggression related to psychosis. Client #5's BSP indicated his targeted behaviors included the following:</p> <p>"-Verbal Aggression: defined as any time he is yelling at somebody, making threats</p>						

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	<p>toward others, cursing at others, or calling others an offensive name. Verbal threats have been sexual in nature and he will generally target female staff. Goal: [client #5] will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Physical Aggression: defined as any occurrence of hitting others with open or closed hand, biting others, pinching, kicking or scratching at others, throwing items at others, head butting others, grabbing and not letting go of others that has the potential to injure others, and any other behavior that has the potential to leave a reddened mark or leave an injury on others. Goal: [client #5] will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Property destruction defined as: throwing chairs/items, breaking furniture, punching items, or causing irreparable damage to objects/items. Goal: [client #5] will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Self-Injurious Behaviors: defined as any time he is hitting his head or other body part against any hard surface, biting himself, cutting self or scratching himself intentionally or other behaviors that have the potential to leave a reddened mark or</p>						

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	<p>leave an injury to himself. [Client #5] has a history of ingesting sharp and non-edible items although he has not engaged in this behavior for a long period of time. Goal: [client #5] will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Non-Compliance: any time he is not engaging in programmatic requests (e.g. attending groups, programming, etc), within three verbal prompts spaced out at least 15 minutes apart. Goal: [client #5] will have 0 incidents per month for 3 consecutive months by 10/16.</p> <p>-Bolting: any time he leaves or attempts to leave an area as designated by staff to ensure appropriate supervision. Goal: He will have 0 occurrences of bolting behavior a month for 3 consecutive months by 10/16.</p> <p>-Inappropriate Sexual Behaviors: defined as exposing his genitals to others in public places, touching others ' private areas, or making verbalizations of a sexual nature to others in a common area. Goal: [client #5] will have 0 incidents per month for 3 consecutive months by 10/16."</p> <p>The plan to reduce Clozaril indicated, "When the goal for physical aggression &</p>						

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	<p>self harm have been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Depakote indicated, "When the goal for aggression and self harm have been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Prozac indicated, "When the goal for aggression & self harm have been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Haldol indicated, "When the goal for aggression and self harm have been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Cogentin indicated, "When the goal for aggression has been met and behavioral medications have been decreased, the need for this medication will be reviewed."</p> <p>The plan to reduce DepoProvera indicated, "When the goals for aggression have been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce as needed (PRN) Zyprexa Zydys indicated, "The PRN will remain in place on an as needed basis. When the goal for physical aggression &</p>						

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	<p>self harm have been met, the IDT will meet to discuss a removing the PRN protocol."</p> <p>4) On 8/3/16 at 9:17 AM, a review of client #6's record was conducted. Client #6's 7/12/16 BSP indicated he took psychotropic medications. Client #6 was prescribed DepoProvera for paraphilia (abnormal sexual desires), Clozaril, Haldol and Fluoxetine for GAD (generalized anxiety disorder), Melatonin for sleep, and Propranolol for EPS. Client #6's BSP indicated his targeted behaviors included the following:</p> <p>"-Verbal Aggression: defined as any time he is yelling at somebody, making threats toward others, cursing at others, or calling others an offensive name. Goal for 9/16: [client #6] will have 0 incidents of verbal aggression per month for 3 consecutive months.</p> <p>-Physical Aggression: defined as any occurrence of hitting others, with open or closed hand, pinching, kicking or scratching at others, throwing items at others, head butting others, grabbing and not letting go of others that has the potential to injure others, and any other behavior that has the potential to leave a reddened mark or leave an injury on others. A staff behavior that can easily</p>						

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	<p>lead to physically aggressive (and then self harming) behaviors is sternly confronting [client #6] when he is caught doing something wrong, talking about taking away privileges, or giving him ultimatums. Goal for 9/16: [client #6] will have 0 occurrences of physical aggression per month for 3 consecutive months.</p> <p>-Self-Injurious Behaviors: defined as any time he is hitting his head or other body part against any hard surface, biting himself, head hitting (punching self, using items to hit self in the face/head), cutting self or scratching himself intentionally or other behaviors that have the potential to leave a reddened mark or leave an injury to himself. [Client #6] will oftentimes engage in self injurious behaviors following acts of physical aggression against others. Goal for 9/16: [client #6] will have 1 or fewer incidents of self injurious behaviors per month for 3 consecutive months.</p> <p>-Inappropriate Sexual Behaviors: defined as exposing his genitals to others in public places, touching others' private areas, making verbalizations of a sexual nature to others in a common area, any touching of peers that is unwelcome or kissing others. [Client #6] has engaged in sexually inappropriate behaviors with a</p>						

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	<p>minor in the past and has also targeted an adult in the past. Goal for 9/16: [client #6] will have 0 incidents of inappropriate sexual behavior per month for 3 consecutive months.</p> <p>-Stealing/Trafficking: defined as trading personal items with any peer or having items that do not belong to him in his possession. [Client #6] can be very successful at stealing items even with staff present. When client #6 is caught engaging in this behavior, he will oftentimes become physically aggressive with staff and then engage in self injurious behaviors. These can be severe. Goal for 9/16: [client #6] will have 0 incidents of stealing/trafficking per month for 3 consecutive months.</p> <p>-Non-Compliance: any time he is not engaging in programmatic requests (e.g. attending groups, programming, etc), within three verbal prompts spaced out at least 15 minutes apart. Goal for 9/16: [client #6] will have 0 or incidents of non-compliance per month for 3 consecutive months.</p> <p>-Property destruction defined as: throwing chairs/items, breaking furniture, punching items, kicking items or doors, or causing irreparable damage to objects/items. Goal for 9/16: [client #6]</p>						

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	<p>will have 0 incidents of property destruction per month for 3 consecutive months."</p> <p>The plan to reduce DepoProvera indicated, "When the goal for physical/verbal aggression/SIB has been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Fluoxetine indicated, "When the goal for physical/ verbal aggression/self harm has been met, the IDT will meet to discuss a reduction in this medication."</p> <p>The plan to reduce Melatonin indicated, "When the goal for physical and verbal aggression has been met, the IDT will meet to discuss a reduction in this medication."</p> <p>The plan to reduce Clozaril indicated, "When the goal for physical aggression & property destruction has been met, the IDT will meet to discuss a reduction in the medication."</p> <p>The plan to reduce Haldol indicated, "When the goal for physical aggression & property destruction has been met, the IDT will meet to discuss a reduction in the medication."</p>						

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	<p>The plan to reduce Propranolol indicated, "When the goal for target behaviors has been met, the IDT will meet to discuss a reduction in the medication."</p> <p>On 8/3/16 at 12:32 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' psychotropic medication reduction plans should be attainable. The QIDP indicated zero episodes of a targeted behavior was not attainable but the ultimate goal for the clients.</p> <p>On 8/3/16 at 1:12 PM, the Program Manager (PM) indicated the IDT would recommend attempts to reduce the clients' psychotropic medications even if the clients had not met the criteria to reduce the medications. The PM indicated the clients' plans should have attainable criteria to reduce their use of psychotropic medications.</p> <p>5. Client #1's record was reviewed on 8/3/16 at 12:00 PM. Client #1's Behavior Support Plan (BSP) with a revised date of 7/25/16 indicated client #1 received daily doses of psychotropic medication for behavior management. Client #1 was prescribed Geodon for PA (Physical Aggression), Haldol for PA, Clonidine for PA and PD (Property Destruction) and Cogentin for PA and VA (Verbal</p>						

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	<p>Aggression). Client #1's BSP indicated his targeted behaviors included the following:</p> <p>- "PA: Any occurrence or attempts of hitting with open or closed hand, head butting, biting, spitting on others, kicking or scratching at others, using objects as weapons, pulling hair, or behaviors that produce or have the potential to produce an injury to others. [Client #1] will engage in aggression if he is overwhelmed with a chaotic, loud, or crowded environment or if he is denied access to something and doesn't understand why. Goal: (blank)."</p> <p>- "Non-Compliance: Any time he is not engaging in programmatic requests (attending life skills, maintaining hygiene, dietary recommendations) within three verbal prompts spaced out at least 15 minutes apart. Goal (blank)."</p> <p>- "PD defined as: Throwing chairs/items, breaking furniture, punching walls or windows, or causing irreparable damage to objects/items. Goal: (blank)."</p> <p>The plan to reduce Geodon indicated, "When the goal (sic) for PA/PD have been met, the IDT (Interdisciplinary Team) will meet to discuss a reduction in medication."</p>						

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	<p>The plan to reduce Haldol indicated, "When the goal (sic) for PA/PD have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Clonidine indicated, "When the goal (sic) for PA/PD have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Cogentin indicated, "When the goal (sic) for PA/VA have been met, the IDT will meet to discuss a reduction in medication."</p> <p>6. Client #2's record was reviewed on 8/3/16 at 10:11 AM. Client #2's BSP with a revised date of 7/28/16 indicated client #2 received daily doses of psychotropic medication for behavior management. Client #2 was prescribed Haldol for PA, VA and SIB (Self-Injurious Behavior), Trazodone for Insomnia, Zyprexa for PA, VA and SIB, Aricept for PA, VA and SIB and Prozac for PA, VA and SIB. Client #2's BSP indicated his targeted behaviors included but were not limited to the following:</p> <p>- "VA: Any time he is yelling at others, name calling, balling up his fist, flipping off others, cursing (and) threatening others. Goal: [Client #2] will have 1 or</p>						

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	<p>fewer episodes per month for 3 consecutive months by 9/16."</p> <p>-"PD: Any time he is throwing/flipping tables or furniture, punching items, throwing chairs/items, breaking furniture, kicking items or doors, or causing irreparable damage to objects/items. Goal: [Client #2] will have 0 episodes per month for 3 consecutive months by 9/16."</p> <p>-"SIB: Biting self, hitting self, banging one's own head, cutting self and other behaviors intentionally done to harm/hurt one's self. [Client #2's] self-harm can be severe. He will frequently bang his head on the floor both in public areas and also in private. Goal: [Client #2] will have 2 or fewer episodes per month for 3 consecutive months by 9/16."</p> <p>-"PA: Any occurrence or attempts of hitting people with open or closed hand, kicking or scratching at others, using objects as weapons (throwing items at people) pulling hair, or behaviors that produce or have the potential to produce an injury to others. Goals: [Client #2] will have 1 or fewer episodes per month for 3 consecutive months by 9/16."</p> <p>The plan to reduce Haldol indicated, "When the goal (sic) for PA/VA/SIB</p>						

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	<p>have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Trazodone indicated, "When the goal (sic) for target behaviors (unspecified) have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Zyprexa indicated, "When the goal (sic) for PA/VA/SIB have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Aricept indicated, "When the goal (sic) for PA/VA/SIB have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Prozac indicated, "When the goal (sic) for PA/VA/SIB have been met, the IDT will meet to discuss a reduction in medication."</p> <p>7. Client #7's record was reviewed on 8/3/16 at 12:45 PM. Client #7's BSP dated 8/1/16 indicated client #7 received a daily dose of Zyprexa for IED (Intermittent Explosive Disorder) and Insomnia and the reduction of VA, PA, SIB, ISBB (Inappropriate Sexual Behavior/Boundaries), Bolting, Non-compliance, Theft and Horseplay. Client #7's targeted behaviors did not</p>						

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	<p>indicate/include documentation of specific goal criteria for reduction.</p> <p>Client #7's BSP dated 8/1/16 indicated, "When the goals for PA, VA, SIB have been met, the IDT will meet to discuss a reduction in this medication (Zyprexa)."</p> <p>8. Client #8's record was reviewed on 8/3/16 at 1:11 PM. Client #8's BSP with a revised date of 7/28/16 indicated client #8 received daily doses of psychotropic medication for behavior management. Client #8 was prescribed Alprazolam for PA/VA/PD, Clomipramine for PA/VA/PD, Buspirone for PA/VA, Olanzapine for PA/VA/PD, Prozac for PA/VA/PD and Trilafon for VA/PA. Client #8's BSP indicated his targeted behaviors included but were not limited to the following:</p> <p>- "VA/Threatening: Defined as any time he is yelling at somebody, making threats toward others (can include statements such as 'I'm going to tear this place up' etc), demanding items by stating that he will 'go off' if not given the item he is demanding, cursing at others, or calling others an offensive name. [Client #8] has learned in the past to obtain what he wants through extreme acts of VA. Goal: [Client #8] will have 2 or fewer incidents of this target behavior per month for 3</p>						

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	<p>consecutive months by 8/16."</p> <p>-"PA: Defined as any occurrence of hitting others with open or closed hands, biting others, pinching, shoving, kicking or scratching at others, throwing items at others, head butting others, grabbing and not letting go of others that has the potential to injure others, and any other behavior that has the potential to leave a reddened mark or injury on others. [Client #8] has learned in the past to obtain what he wants through acts of PA. Goal: [Client #8] will have 3 or fewer incidents of this target behavior per month for 3 consecutive months by 8/16."</p> <p>-"PD: Defined at punching windows, doors, or walls, throwing chairs/items, clearing off tables, breaking furniture, or causing irreparable damage to objects/items. Goal: [Client #8] will have 0 incidents of this target behavior per month for 3 consecutive months by 8/16."</p> <p>-"SIB: Defined as any time he is hitting his head or other body part against any hard surface, biting himself, punching self, using items to hit self in the face/head, cutting self or scratching himself intentionally or other behavior that have the potential to leave a</p>						

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	<p>reddened mark or leave an injury to himself. Goal: [Client #8] will have 0 incidents of this target behavior per month for 3 consecutive months by 8/16."</p> <p>The plan to reduce Alprazolam indicated, "When the goal (sic) for PA/VA/PD have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Clomipramine indicated, "When the goal (sic) for PA/VA/PD have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Buspirone indicated, "When the goal (sic) for PA/VA have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Olanzapine indicated, "When the goal (sic) for PA/VA/PD have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Prozac indicated, "When the goal for (sic) PA/VA/PD have been met, the IDT will meet to discuss a reduction in medication."</p> <p>The plan to reduce Trilafon indicated, "When the goal (sic) for PA/VA have</p>						

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W 0440 Bldg. 00	<p>been met, the IDT will meet to discuss a reduction in medication."</p> <p>On 8/3/16 at 12:32 PM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' psychotropic medication reduction plans should be attainable. The QIDP indicated zero episodes of a targeted behavior was not attainable but the ultimate goal for the clients.</p> <p>On 8/3/16 at 1:12 PM, the Program Manager (PM) indicated the IDT would recommend attempts to reduce the clients' psychotropic medications even if the clients had not met the criteria to reduce the medications. The PM indicated the clients' plans should have attainable criteria to reduce their use of psychotropic medications.</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 20 of 20 clients living at the facility (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20), the facility failed to conduct quarterly evacuation drills for each shift of personnel.</p>		W 0440	<p>The facility holds evacuation drills at least quarterly for each shift of personnel. The maintenance supervisor will be in-serviced on requirements for evacuation to drills to ensure that there is a quarterly evacuation for each shift of personnel. The maintenance supervisor will schedule all evacuation drills to ensure that</p>		09/08/2016	

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	<p>Findings include:</p> <p>On 8/1/16 at 6:29 PM, a review of the facility's evacuation drills was conducted and indicated the following: From 1/2/16 to 6/23/16 during the night shift (12:00 AM to 8:00 AM), the facility did not conduct an evacuation drill. From 10/3/15 to 2/10/16 during the day shift (8:00 AM to 4:00 PM), the facility did not conduct an evacuation drill. From 11/26/15 to 3/21/16 during the evening shift (4:00 PM to 12:00 AM), the facility did not conduct an evacuation drill. This affected clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19 and #20.</p> <p>On 8/1/16 at 6:33 PM, the Quality Assurance staff indicated the facility should conduct evacuation drills quarterly for each shift.</p> <p>On 8/2/16 at 1:46 PM, the Maintenance Director indicated the facility should conduct quarterly evacuation drills for each shift.</p> <p>On 8/3/16 at 3:21 PM, the Program Manager indicated the facility should conduct quarterly evacuation drills for each shift.</p>				<p>they meet the requirements as stated above. All evacuations will be reviewed, at least quarterly, by the Safety Committee, to ensure that evacuation drills meet all requirements, per regulation. Persons responsible: Executive Director, Maintenance supervisor Date of Completion: 09/08/2016</p>		

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	5.1-5(d)				